

FEBRUARY 2022

Incentive News

TENNCARE EHR PROVIDER INCENTIVE PAYMENT PROGRAM
A CMS "PROMOTING INTEROPERABILITY" PROGRAM

Reminders:

Information you may still need — and other items of interest to providers — can still be found on the [TennCare EHR Incentive website](#).

The TennCare EHR Provider Incentive Payment Program has sunset. The program is closed to further registrations and attestations. Thanks to all providers who participated.

Can We Help?

If you have lingering questions about the EHR Incentive Program, [contact us](#) Monday through Friday from 7:00 a.m. to 3:30 p.m. Central Time. When emailing, please include your provider's name(s) and NPI(s).

How EHR Incentive Payments Were Disbursed to TennCare Providers

In our previous issue, we reported that TennCare's EHR Provider Incentive Payment Program had distributed \$300,565,771 to eligible hospitals and professionals before sunset on December 31. Just how did that amount break down into payment numbers for Tennessee providers?

The Provider Services office of what was then Health Care Finance and Administration (now Finance & Administration in the Division of TennCare) accepted its first attestations for incentive payments in 2011. Over the next 11 years the EHR Incentive Team received 13,816 attestations from TennCare providers, 93 percent of which resulted in payment. While providers could receive multiple payments over a set span of years, 109 unique hospitals and 5,408 unique medical professionals received at least one payment over the program's life.

In their first year providers could attest that they adopted, implemented, or upgraded to (AIU) a certified EHR technology (CEHRT), and 104 eligible hospitals and 5,216 eligible professionals chose to begin their participation this way. Five hospitals and 101 professionals began participation by proving Meaningful Use (MU) of their CEHRT.



Eligible hospitals could receive up to three payments, one for each program year in which they successfully attested. Of the 306 payments made to hospitals, 243 went to acute care hospitals, 57 to critical access hospitals, and six to children's hospitals.

Eligible professionals could receive up to six payments, one for each program year in which they successfully attested. Of the 11,908 payments disbursed to professionals, 3,041 went to pediatricians, 3,959 to other physicians (MDs and DOs), 4,203 to nurse practitioners, 440 to dentists, 207 to certified nurse midwives, and 58 to physician's assistants.

More? Here's some "fun facts":

The Centers for Medicare and Medicaid Services allowed providers

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Do You Have Questions Remaining About

The EHR Incentive Program?

Past attestations?

Your Future with Electronic Health Records?

Email TennCare.EHRIncentive@tn.gov

Always include the Provider's Name and NPI when communicating with TennCare.

1099s Issued for EPs Who Received EHR Incentive Payments in 2021

The State of Tennessee has issued 1099s to individual Eligible Professionals (EPs) who have received EHR Incentive Payments during 2021. This includes payments for both 2020 and 2021. The mailing occurred at the end of January.

The 1099 is an informational form that is also provided to the IRS. To determine if payments are taxable, consult your tax professional.

IRS guidelines require the issuance of Form 1099 to the EP. However EPs may be able to use a second 1099-MISC to re-assign their tax responsibility to their group practice or clinic.

The EP was responsible for selecting the appropriate option in the CMS Registration and Attestation System, whether the EP was to receive the payment or if it was to be made to a designated Payee NPI (one with which the EP had a contractual relationship). The payment may have been designated to a different entity for each year of program participation, but could not have been divided during a single year of program participation.

CMS, the Division of TennCare, and the EHR Provider Incentive Payment Program (PIPP) are not responsible for decision-making or mediation regarding the assignment of EHR Incentive Payments.

In most cases the EHR Incentive Payment itself was distributed to the

OMB No. 1545-0115		Miscellaneous Information
2021		
Form 1099-MISC		Copy B For Recipient
4 Federal income tax withheld		
\$		
6 Medical and health care payments		

group practice. When this occurs, it is the responsibility of the EP to report the payment on Form 1099-MISC to the employer or entity which bills for the EP's services. Contact your employer to obtain the tax ID number to be entered on the Form 1099-MISC.

Again, EPs are strongly encouraged to contact their tax professional on the proper handling of this matter.

EPs who lose their 1099 or otherwise need a replacement should contact F&A Accounts, Supplier Maintenance at F.A.Accounts@tn.gov. (There is an underscore [] between the F and the A.) In your message, please provide the tax year(s) for which the 1099 is needed, Tax ID number, name, and either an email address, fax number, or current mailing address where the replacement 1099 can be sent.

Please note: F&A Accounts, Supplier Maintenance is NOT able to assist with EHR Program-related questions. Questions about the EHR Incentive program should be sent only to TennCare.EHRIncentive@tn.gov.

How EHR Incentive Payments Were Disbursed to TennCare Providers...

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to attest in any state. As a result, some providers just outside Tennessee's borders opted to attest in the TennCare version of the program, primarily because of the TennCare members among their patient encounters.

Most eligible hospitals chose to attest for the maximum of three program years. The average number of years of hospital participation as 2.88.

In contrast, the average number of years for eligible professional participation was 2.19 out of a possible 6. This was due in part to the large number of dentists who attested only for AIU (401/440) as only 39 MU payments went to dentists.

There were almost as many payments made to eligible professionals per unique NPI for Year 6 (514) as for Years 4 & 5 combined (306+253= 559).

It is TennCare's hope that providers found that CEHRT enhanced their practices and the care of their patients. The goals of the Medicaid EHR incentive program include better coordination of patient care to improve health outcomes and the sharing of information to improve health care quality, efficiency, and patient safety.

Eligible Hospitals - Number of Payments per Year by Hospital type

Incentive Year	Acute Care Hospital	Childrens Hospital	Critical Access Hospital	Total
2011	25	0	28	53
2012	49	1	6	56
2013	82	0	8	90
2014	54	2	6	62
2015	21	1	5	27
2016	11	1	3	15
2017	1	1	1	3
2018	0	0	0	0
2019	0	0	0	0
2020	0	0	0	0
2021	0	0	0	0
Totals	243	6	57	306

Eligible Professionals - Payments per Year by provider type

Incentive Year	Certified Nurse Mid-wife	Dentist	Nurse Practitioner	Physician	Pediatrician	Physicians Assistant	Total
2011	19	44	497	577	259	11	1407
2012	17	107	522	539	462	11	1658
2013	32	115	574	589	479	12	1801
2014	23	47	500	476	303	6	1355
2015	39	52	562	576	380	5	1614
2016	24	52	797	511	427	9	1820
2017	14	8	306	288	204	3	823
2018	17	7	239	223	224	1	711
2019	10	2	76	116	87	0	291
2020	5	3	80	43	139	0	270
2021	7	3	52	19	77	0	158
Totals	207	440	4203	3957	3041	58	11908

Electronic Case Reporting Supported by TDH

Eligible clinicians (ECs), eligible hospitals (EHs) and eligible professionals (EPs) can now register for Electronic Case Reporting (eCR) using the Tennessee Department of Health's (TDH) [Trading Partner Registration](#) (TPR) system. TDH supports the Electronic Case Reporting measure under Medicare Promoting Interoperability Programs.

What is eCR?

Electronic Case Reporting (eCR) is the automated generation and transmission of case reports from an electronic health record (EHR) to the public health agency's disease surveillance system for review and action. eCR will allow healthcare providers the opportunity to report suspected cases to TDH for further investigation using a certified electronic health record (EHR) system rather than **manually reporting on paper** and waiting on lab test results to confirm a suspected case. eCR also allows public health to provide information back to healthcare professionals.

Benefits of eCR

- Provides real-time reports to public health officials to guide the state's response to public health threats
- Reduces burden for healthcare providers without disrupting the clinical workflow
- Saves time by eliminating manual data entry and reporting
- Can fulfill legal reporting requirements

Requirements

Effective Jan. 1, 2022, TDH began accepting registrations from ECs, EHs, and EPs that meet the requirements shown below.

Requirement	EHs	ECs/EPs
Use of 2015 CEHRT product capable of generating and transmitting HL7 electronic initial case report (eICR) standards (R1.1 and R3) for electronic case reporting (eCR)	X	X
Establish connectivity and use of the Association of Public Health Laboratories (APHL) Informatics Messaging Services (AIMS) platform and the Reportable Condition Knowledge Management System (RCKMS)	X	X
Diagnose or treat ≥ 150 reportable cases in a calendar year		X

Testing and onboarding will be based on a first come - first served basis and then as resources become available. Questions concerning eCR onboarding, testing or for general information please contact CEDS.Informatics@tn.gov.

Reportable Disease Reporting Using Certified EHR Technology

The Tennessee Department of Health (TDH) collects health information to prevent and contain outbreaks, analyze population health trends, track immunization rates, track infectious diseases, and educate and promote healthy choices for the people of Tennessee. Prompt reporting of a communicable disease can allow public health officials to locate and treat exposed persons, identify, and contain outbreaks, and interrupt disease transmission. The information obtained from disease reporting is also used to monitor disease trends, identify high risk groups, develop policy, and design prevention programs.



The use of Certified Electronic Health Record Technology (CEHRT) benefits health care providers and patients by using the most up-to-date standards and functions to better support interoperable exchange of health information and improve clinical workflows. TDH continues to support the use of both 2014 and 2015 CEHRT for public health reporting.

Public Health Interface/Measure	CEHRT		ECs/EPs	EHS
Electronic Case Reporting (eCR)		2015	X	X
Electronic Laboratory Reporting (ELR)	2014	2015		X
Syndromic Surveillance Reporting	2014	2015	Urgent Care Facilities (2015 CEHRT) Jan. 1' 2022	X
Tennessee Immunization Information System (TennIIS)	2014	2015	X	X
Tennessee Cancer Registry (TCR)	2014	2015	X	

All healthcare providers (inpatient or outpatient), laboratories, or other persons knowing of or suspecting a reportable disease case, are responsible for reporting to the health department. MU participants are encouraged to remain actively engaged with TDH for reportable disease reporting using their certified EHRs. Most of the reportable diseases, events, or conditions require submission of a reporting form within one week. Timely and accurate reporting can be achieved through the use of an EHR.

The reporting options in the table above require a registration in the TDH [Trading Partner Registration \(TPR\)](#) system. TPR enables timely communication between TDH and its trading partners when the TPR user information is current and accurately maintained by participating trading partners. Accurate registration information in TPR ensures communications are sent to the correct representative in your organization. Please periodically review and update the point of contact information in TPR.

Contact the TDH Partner Engagement Team at MU.Health@tn.gov for additional information about TPR and/or questions regarding Public Health reporting.



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Medicaid EPs and EHs should submit questions about the Medicaid Promoting Interoperability (PI) Program (in Tennessee also known as the TennCare EHR Provider Incentive Payment Program) to TennCare.EHRIncentive@tn.gov; including questions about

- Eligibility (first 4 attestation pages)
- Meaningful Use
- Clinical Quality Measures
- Program Participation

ALWAYS include the provider's name and NPI when contacting us. We will respond to your inquiry as quickly as possible.

Should you have issues with a CMS website, contact the QualityNet help desk for assistance at qnetsupport@hcqis.org or 1-866-288-8912.

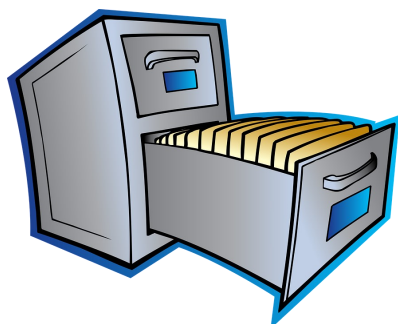
View TennCare Medicaid EHR Incentive Program online assistance at

- [Program website](#)
- [FAQs](#)
- [Acronyms & Glossary](#)
- [Previous issues](#) of EHR Incentive News

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Save Your Completed Attestation Documentation – It's a Requirement!

Now that EHR Incentive program has sunset, make sure your attestation documentation is properly stored! Don't put it aside, don't leave it on that untouched stack of papers on your desk. Don't stick it in the recycle bin and don't throw it in the trash.



Don't do anything that might mean there's even the slightest chance you'll never see it again.

Always file any and all previous attestation documentation immediately with your long-term records. In light of the possibility of a post-payment audit, providers are required to retain documentation in support of all attestations for no fewer than six years after each payment year.

All incentive payments received by a provider are subject to this type of audit.

The provider may be asked to produce documentation to support any of the information in the attestation. If sufficient documentation is not produced, the provider may be determined ineligible for the payment.

The requirement to retain documentation to support all attestations for a minimum of six years after each payment year is noted on the Signature Page that each provider signed for each attestation.